

Appendix D-1

INDIANA STATE DEPARTMENT OF HEALTH

**NITRATE AND NITRITE
WATER TEST KIT ORDER**

FOR ISDH USE ONLY

Date received _____
 Receipt No. _____
 Shipping No. _____

Name _____ Phone () _____
 Address _____ PWS ID No. _____
 City _____, IN _____ - _____ (9-Digit Zip)

Your facility's total nitrate and nitrite results exceeded the regulatory limit for this test. You may be required to resample for the specific nitrogen species. If so, and you wish to order from us, please return this form with payment.

In accordance with Indiana Code (IC) 16-1-26-6 and IC 16-1-26-14, beginning January 1, 1992, the fees for chemical testing (for nitrate and nitrite) will be \$8.00. Please DO NOT enclose a sample with this form.

Are you a state, city or county owned facility? Yes No Chlorinated? Yes No

Please indicate the number of kits you need next to your facility type and under your sample type so that the correct forms will be enclosed with your test kit.

IDEM/EPA MONITORING	Nitrate Sample Kit	Nitrite Sample Kit	Total Kits
Community Water Supply *			
Business - EPA monitoring			
Swimming Pool - Drinking Water			
Bathing Beach - Drinking Water			
School			

* No charge for Community Water Supply

UNREGULATED/UNMONITORED	Nitrate Sample Kit	Nitrite Sample Kit	Total Kits
Private Individual/Business			

Total paid sample test kits requested _____ x \$ _____ per kit = \$ _____ enclosed

Please make checks or money orders (no cash or purchase orders please) payable to Indiana State Department of Health and mail to:

**Indiana State Department of Health
 Attention: Cashier's Office
 2 North Meridian
 Indianapolis, IN 46204**

Approved by State Board of Accounts
 1993

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